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any other disease or condition which may have contributed to the death, or any other information which may be of value in the investigation of the death, or any other information which may be of value in the investigation of the death.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-022154

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Bolivar 0841 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.W. Bolivar Length of stay in lb				d. STREET ADDRESS S. W. Bolivar (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Robert Middle M Last Neely Linville				4. DATE OF DEATH Month June Day 21 Year 1957			
5. SEX Male 0		6. COLOR OR RACE Can.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1869	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 87 Days 87 Hours 87 Min. 87		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney, Retired		10b. KIND OF BUSINESS OR INDUSTRY Law	
11. BIRTHPLACE (City and state or country) Georgetown, Lancaster Co., Pa., USA				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Benjamin J. Linville				14. MOTHER'S MAIDEN NAME Rachel R. Graham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Robert Linville, Jr. Wichita, Kans. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2040							INTERVAL BETWEEN ONSET AND DEATH 1 year
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 1953 to June 21 57 and last saw her alive on June 21 57 Death occurred at 10:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. McNeely				22b. ADDRESS Bolivar Mo		22c. DATE SIGNED 6/22/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 23, 1957		23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) (State) Weathford, Okla.	
24. FUNERAL DIRECTOR Barker-Erwin & Blue, Fair Play, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. June 22, 1957		26. REGISTRAR'S SIGNATURE Ralph L. H. ...	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marshall C. Black*

Licensed Embalmer No. *4*

P. O. Address *Bolivar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.